

Fill in this information to identify the case:

Debtor 1	William		Armstrong
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the District of New Jersey
(State)

Case number: 02-41355-NLW

FILED
2021 AUG -4 PM 3:08
JEANNE A. MAUGHTON
BY: [Signature]
DEPUTY CLERK

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$ 1,000.00
Claimant's Name:	Rhandall J Thorpe
Claimant's Current Mailing Address, Telephone Number, and Email Address:	845 Field Ave Plainfield NJ 07060 Phone number: (908) 561-8568 Email address:

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
District of New Jersey
Peter Rodino Federal Building
970 Broad Street, Suite 700
Newark, New Jersey 07102

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 22 Jul 2021

Rhandall J Thorpe
Signature of Applicant

Rhandall J Thorpe

Printed Name of Applicant

Address: 845 Field Ave
Plainfield NJ 07060

Telephone: (908) 561-8568

Email: _____

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

GENERAL AFFIDAVIT

The within named person (Affiant), Rhandall J Thorpe, who is a resident of Union County, State of New Jersey, personally came and appeared before me, the undersigned Notary Public, and makes this his/her statement, testimony and General Affidavit under oath or affirmation, in good faith, and under penalty of perjury, of sincere belief and personal knowledge that the following matters, facts, and things set forth are true and correct, to the best of his/her knowledge:

In regards to the 2002 William Armstrong Bankruptcy I am the creditor that was listed under claims for Randy Thorp instead of Thorpe in error. I formerly lived at 25 Norwood Ave, Plainfield NJ 07060 which is the address on the claim dated 5/1/2003.

Dated this 22 day of July, 2021.
Rhandall J Thorpe
Signature of Affiant

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State of New Jersey
County of Union

Subscribed and sworn to, or affirmed, before me on this 22 day of July,
2021 by Affiant Rhandall Thorpe.

Barbara Smith
Signature of Notary Public

Sept 21, 2021
My Commission Expires: